Leslie, Sheila L.	Assembly	27
Name (print)	Office(if applicable)	District (if applicable)
825 Humboldt St. Reno, NV 89	509	(775) 333-6564
Mailing address (include city and zip code)		Telephone Number
border19@msn.com		1 CAN 290
E-mail address	DIDATE DAG DAG DOLDET	V IND EVD AMENDED
Select Appropriate Box(es) X CANI	DIDATEPAC BAG POLPKI	Y IND EXP _ AMENDED
Office with a 4-year term Period: Aug. 23, 2002 – Oct.  Report Number 3 Due - Jan. Period: Oct. 25, 2002 – Jan.	eriod: Jan. 5, 2001 – Aug. 22, 2002 eriod: Dec. 20, 1998 – Aug. 22, 2002 eriod: Dec. 6, 1996 – Aug. 22, 2002 Period: Dec. 7, 2000 – Aug. 22, 2002 tober 29, 2002 24, 2002 nuary 15, 2003	RECTIVE 27 POR OFFICE USE ONLY
	BALANCE	
This figure should reflect	the balance shown on your last Disposition o	of Unspent
Contributions Report, or last Contributions & Expenses Report, if any		<u>\$12151.77</u>
"Contributio anything of	CONTRIBUTIONS SUMMARY on" means a gift, loan, conveyance, deposit, payment, value other than the services of a volunteer received.	transfer, or distribution of money or (NRS 294A.007)
1. Total amount of moneta	ary contributions in excess of \$100	_ 38500.00
2. Total amount of contributions of \$100 or less		2850.00
Actual number of mone	etary contributions of \$100 or less _38	
3. Interest and income ear	ned on contributions, if any	0.00
4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3)\$41350.00		
5. Total amount of In Kin		.00
	EXPENSES SUMMARY	
6. Total amount of mone	tary expenses in excess of \$100	24241.07
+	tary expenses of \$100 or less	1696.07
8. Expense for filing fee		100.00
	DE ALL MONETADY EVDENCES (AJAL	
	Remaining Balance (Subtra-	ct line 9 from 4) <u>\$15312.86</u>
10. Total amount of In Ki	nd Expenses	

## **AFFIRMATION**

I declare under penalty of perjury that the foregoing is true and correct.